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HANSEL AND GRETEL: A TALE OF TERROR

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In the analysis of a woman with multiple childhood traumas, the fairy tale "Hansel and Gretel" figured prominently. The author discusses the use of the fairy tale in this case at various levels. He suggests an interplay between a national myth, the fairy tale, and a personal myth—the patient's psychodynamics. The fairy tale can be used to illuminate personal meanings derived from it. In the experience of childhood trauma, the repeated reading of a fairy tale can help organize and defend against terrifying anxiety.

Keywords: Hansel and Gretel, fairy tales, child abuse, trauma, personal myth, dream analysis, fantasy, transference-countertransference, anti-Semitism.

CLINICAL CASE: GILA

I will present the case of a patient, Gila, with adult traumatic neuroses stemming from chronic and severe child abuse. The abuse consisted of a mixture of chronic abandonment, parental hatred, and sexual abuse. This case is unusual in the prominence of the fairy tale "Hansel and Gretel" as a motif in the treatment.

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The author dedicates this paper to Stanley Leavy, his beloved teacher, colleague, and friend, who just turned 100 years old. He started the author down the path of literature.

Background

Gila is the younger of two daughters.[1] Both parents are Jewish; her father was born in Eastern Europe but immigrated to the United States as a child. She grew up in one city, graduated from college, and married. Her early adult years were devoted to raising children. In midlife, she started taking classes at a university. When she consulted with me at around this time, she was in an unhappy marriage, felt overburdened by domestic responsibilities, and was severely depressed.

Gila's mother was by all accounts completely self-absorbed. When the patient was an infant, her mother was unable to feed her, and a nurse was employed. It seemed likely that her mother had never changed her diapers, and it was not clear who did. There was always a live-in housekeeper, but these servants were not expected to provide child care. This little girl, by temperament, was very active, verbal, and intelligent. Her mother made it clear that all these attitudes were too masculine, and that Gila was "not a proper girl." This was and remains quite shameful to her: "My mother made me feel inadequate as a girl because I was not docile enough. She exuded a sense of deep disapproval of me ever since I can remember. I was 'not right' . . . . When I was very little, my mother would tease me, saying things like, 'I don't really love you.'"

Gila's mother had trouble sleeping at night and would take sleeping pills, which meant she would sleep late and be groggy in the morning. Then she would typically go out in the afternoon and often not be home when Gila and her sister returned from school. In the evenings, her mother would drink alcohol mixed with various pills and then sleep late. "I would wait for hours outside her bedroom door, listening for sounds indicating that she was finally awake and would emerge soon," Gila recalled. "I would follow her to the kitchen hoping for attention, but was rarely acknowledged. Sometimes when she was drinking her coffee, I would slip behind her into the chair, which she did allow."

[1] The clinical material is used with the permission of the patient. In the later period of her treatment, she decided to write up her version of her family background and her own inner conflicts. I will quote from her story from time to time. Her writing and my use of it contain elements of an enactment, a gratification that I judged not to be harmful. Traumatic elements were not completely resolved by the end of treatment, and a degree of support continued to be helpful; the patient is deeply interested in language, and writing is important to her.

Often, my patient would be forced to stay outside the house or in her room for extended periods, without any toys. She said, "I could not tolerate this isolation, and after hours of being alone, I would start kicking the floor or screaming, for which I would be severely rebuked and have my shoes taken away. A couple of times, out of sheer boredom, I stuck my fingers into the electric sockets, which was terribly painful."

In addition, Gila's mother would sometimes disappear without warning, either to visit her own family in another city or on a trip with the patient's father. She would never tell her daughters how long she would be gone or make any effort to contact them while away. In reaction to the severe deprivation and lack of normal childhood dependency, my patient, as early as she could remember, never relied on her mother for anything, and tried as much as was physically possible to do everything herself, without asking for help.

Gila had a highly ambivalent relationship with her father. "My father's best quality was his *joie de vivre*," she commented—so in that sense, he was not like her deadened mother. He had "a terrible temper" and would fly into jealous rages at her mother.

As a young child, Gila had yearned for her father's attention, but as she got older, she was more frightened of him. She felt he was sexually inappropriate with her sister, such as when he took nude photographs of her; Gila was both hurt and relieved that she herself was not chosen for these photos. During the analysis, she found a group of old letters from her father that suggested an erotic attachment to her as well.

Gila's attitude toward men was reinforced by her family pediatrician. "I would make a big fuss whenever he was summoned to make house calls or we had to go for an office visit," she recalled. "For days before an office visit, I would sulk and be angry. When the pediatrician came to the house because I was sick, I was forced to hug him and kiss him with my pajamas off." This doctor repeatedly performed unnecessary vaginal and anal exams as a matter of routine. Gila had no conscious experience of this as sexual abuse; for her, it was routine and sanctioned by her family. Nobody said it was wrong, but she felt terrible and extremely humiliated. Only in the analysis did she realize that this was not accepted medical practice and that the pediatrician was likely a voyeur or a pedophile.

Gila describes her older sister as "an unhappy child who did not have many friends." On the one hand, she hated her sister, who constantly at-

tacked her verbally and physically; yet she felt sorry for her sister, who could not hide her anxiety at mother's absences, as she herself could. Her sister was supposed to watch her, but would desert her whenever she could. My patient had a memory of an incident when she thought her sister had tried to drown her. As an adult, her sister was chronically depressed, eventually committing suicide in midlife. Gila has another memory of her mother saying that she wished Gila had killed herself instead of her sister.

Anti-Semitism was a backdrop in her family's life. "Several times on the way home from school, especially if I did not leave school right away, I was beaten up. Taunts of 'Christ killer' and 'dirty Jew' were common. One day, when I was in first or second grade, I went home with a 'friend' whose mother promptly sent me on my way; she knew I was Jewish."

Gila always felt like an outsider and feared attack. From early grade school, she was expected to find her way back and forth to school on the public bus by herself. Starting at age six, she was sent away to camp for the entire summer. For the first several years, this was very traumatic, but she grew to like camp when she was older.

Formulation

Gila was constantly exposed to terrifying abandonments and humiliations by both parents and to sexual abuse by her pediatrician. I think that her mother, to whom she felt bound and whom she identified with, was extremely narcissistic and likely borderline psychotic. Her mother was addicted to alcohol and sedatives. She was unable to touch her daughters or to interact with them in any loving way. There was no meaningful security in the house. Her mother would disappear without any warning for hours to weeks.

Gila's father was distant and potentially terrifying, both aggressively and sexually, and largely to be avoided. Yet his underlying liveliness was an identification that served her well. Her sister was either a terrifying, aggressive figure or one to be pitied and avoided.

Widespread anti-Semitism provided a constant background to the home traumas; Gila had frequent nightmares of being attacked by the Nazis. Except for the rare teacher in school, there were no personal acquaintances, servants, or relatives who could serve as caretakers or

models. She grew up with the persistent fantasy that she was not really a girl, but she was not a boy either; she is not sure of her sexual identity to this day. She was afraid of men and ended up marrying a man who had the worst traits of both parents.

Clinical Process

At the start of the analysis, the patient was extremely depressed, had no hope for herself, and acted on the referral to me only because of concern for her youngest daughter, then a toddler. Gila was actively suicidal (I did not know this until years later) and was terrified about what would happen to her daughter if she killed herself. She identified with this youngest child, who was the brightest of her five children and socially isolated like herself. The patient was working on her first book at the time.

She was afraid of her husband and feared that he wanted to kill her; she wanted to leave him but did not dare to. She was referred to me by a senior psychoanalytic colleague who was treating her husband. A persistent fantasy, typical of her general level of organization, was that the referring colleague and I were in a conspiracy to humiliate her; I would either take her husband's attitude and mock her, or get rid of her as soon as I could.

Most prominent was Gila's psychic numbing. She consciously aimed at being a rock[2]: she tried to have no feelings, never to depend on anyone, and she avoided any situations in which someone might become angry with her. She had frequent traumatic dreams. For example, an early dream was of a Nazi matron who was hiding in a closet in my office.

The patient's recollection of traumatic events—the pediatric exams, being alone in her room, and an attempted rape, among many others—remained highly sensory, immediate, and unmetabolized. They easily had the quality of flashbacks, causing her to feel as if she were still there in the traumatic situation. Perhaps most significantly, Gila's worldview had altered little since childhood. She felt surrounded by anti-Semitism and by hateful and mocking men, and she saw danger around every corner; she constantly feared that her world would disintegrate at any moment.

[2] She quoted a Simon and Garfunkel song: "I have my books and poetry to protect me. I am shielded in my armor. Hiding in my room. Safe within my womb. I touch no one and no one touches me. I am a rock. I am an island."

Much to Gila's surprise, she and I made a good connection at the beginning; she had expected that I would reject her and then she could hate me. We started twice-weekly psychotherapy, as I was unsure whether she could tolerate the rigors of psychoanalysis. However, I quickly learned that she had a natural ability to express unconscious content, and that she needed the support of more frequent sessions; within several months of treatment, we moved to five days on the couch. She did not want to take any psychoactive medication.

The endings of hours were always traumatic for Gila. Weekends were very difficult and longer absences almost unbearable. At the time, I did not appreciate how terrifying separation was for her. My not being Jewish—which she had quickly figured out—was important; for the initial years, it was an advantage as I was an outsider and would not know much about her. In more recent years, however, she grew to suspect that I, too, was an anti-Semite who must hate her for being a Jew.

The course of the analysis in the first ten years was quite rocky. Gila agonized over anything that she wanted to tell me; it was all humiliating and frightening, and she was sure I would reject her. If I did seem to understand, she would initially be grateful, but would then quickly suspect that I intended to trap her or mock her with what I knew.

Despite her long-standing isolation, she had a lively and intelligent inner life, which poured out in the analytic hours. My analytic focus was on the here-and-now process as I attempted to uncover unconscious fantasy.

The patient quickly settled into intense transference feelings. She had strong wishes for my love and interest, including erotic needs, but this was felt as extremely shameful, to be kept hidden as much as possible. She would imagine, for example, that she and I would meet in a local café, but she would need to hide behind a potted palm for my sake. She had images of my vomiting if she were to touch me. She would also appear to hate me, but we learned that she could not actually direct her hatred toward any specific object; it was experienced as free-floating. She could hate only herself for having any longings.

Dreams were also important. Gila would report dreams regularly and work on associations for several days, and she had the ability to elaborate fantasy extensions of her dreams.

Levine (1990) notes that childhood traumas tend to organize experiences in all relationships, including the transference-countertransference. There is enormous pressure to reexpose and relive past trauma with the analyst. This is both inevitable and necessary. The patient pressures the analyst both to be the perpetrator whom she expects to encounter, and to offer the parental protection that she did not expect or believe in. The analyst must walk a fine line between abstinence and gratification. If the analyst does not allow himself to feel and tries to avoid the pressure toward enactment, he is often perceived as aloof and withdrawn; but if he is too gratifying or supportive, he is often perceived as condoning or seductive.

In the enactment that came to dominate the first years of Gila's analysis, I was all of these. We would have a "good" period of days to weeks in which she would reveal more about herself or her transference, and I would be receptive. Even during those periods, however, I felt a constant pressure. This included pressure to connect with Gila as I sensed how quickly she could slip away. I also felt pressured not to make any errors regarding the frame—especially being late to sessions or mistaking their times. I had a constant worry that I would either do something to hurt her, or that I was not doing enough; the fine line between abstinence and gratification was always on my mind (Levine 1990).

The ends of sessions were an agony; Gila felt hated, and I felt guilty for ending. Something negative would always happen at the end of "good" sessions; for example, she would detect a "withdrawal" on my part, or a delivery person would intrude and knock on the door, or another patient would come at the wrong time. I would be late or I would double-book a second patient. This occurred in spite of my best intentions; I worried about "mistakes" but then found myself making them. This was not characteristic of me and I agonized over it.

Sometimes I did not know what set the patient off. Her good feelings about me would suddenly switch to hate and fear, and she would flee the office, occasionally for weeks at a time. She and I would lose any sense of the as-if quality of the transference-countertransference, and the enactment became the trauma (Levine 1990). I was the absent mother, and Gila hated herself for needing me. During these failures,

I was seen as (and sometimes actually was) enormously depriving, uncaring, and hateful.

In order to repair these failures, I would reach out to the patient in ways I normally would not in an analysis. I would make efforts to contact her and correspond by e-mail when she fled the office. I admitted to mistakes when I could. This could easily be interpreted by her as seductive—as my pretending to be nice in order to get her under my power again. We would then have a period of analyzing both her fears and the enactment.

My own silent work on my countertransference was also important. At first, I would often feel angry with Gila, but if I could come to a genuine sense of my own fears, she was able to sense this and the tensions eased. Then the cycle would repeat itself. I realized gradually that all these episodes were triggered by a subtle emotional withdrawal on my part, a revival of my own maternal ambivalence. Once I was clear about this, the episodes gradually receded in importance, although they never entirely disappeared. This became a major part of the therapeutic work: our being pulled into enactment, followed by a period of working out—of sorting out who had done what to whom—and then trying to elucidate the projective identifications.

Over the fifteen years of the analysis, Gila made important gains in her life. She received her Ph.D. She divorced her husband after he became overtly paranoid. She successfully raised her five children. She had significant friendships. She taught at a university, wrote academic articles, and published a book. However, significant deficits remained. She was unable to develop new sexual or emotional relationships with men, being totally incapable of any assertion in such a relationship. She deeply distrusted anyone's attention toward her. This included both personal relations with men and work relations in an academic setting, which she perceived as always dominated by men.

One major consequence of all this was that she was unable to apply for academic jobs for which she was qualified, thus stunting her career. She felt constantly under attack in any public space. Later on, she would say that her terror, which was constant at the beginning of our work together, became less intense and less consuming over the years of the analysis.

Gila's difficulties involved not only fear; she also felt intensely guilty over any personal pleasure. For example, if she took pleasure in one of our sessions, this would be followed by hours of self-punishment in physical exercise.

We had a trial termination when Gila went away for a summer to study (an unusual event in itself). She wanted to try to make it on her own, and I thought she was ready for a separation from me. In retrospect, I believe I was wrong and was being overly theoretical (another enactment?). After several months, she asked to return and settled on a four-day-a-week, sitting-up analysis. She now had goals: to feel less suspicious of others and to be more aggressive.

"Hansel and Gretel"

During this second phase of treatment, an article appeared in the *New York Times Magazine* (Bazelon 2006) concerning two sisters who were able to overcome years of sexual abuse and poverty and eventually found modestly stable lives. My patient drew my attention to this article, but it was not the content she was primarily interested in; it was the illustrations.

Here are excerpts from her report:

> While I was leafing through the *New York Times Magazine* one Sunday, I gasped in horror at an illustration that seemed to jump off the page. The picture shows the backs of two children, a boy and a girl, in the woods, looking at a brightly lit cottage. Although a bright light takes up the windows and even the crack in the door, it is an eerie, too bright, opaque light, obscuring what or who is inside. Immediately, I recognized Hansel and Gretel.
>
> [In the first illustration], the viewer is behind Hansel and Gretel, so she/he is taking in the scene from their perspective. Horror and terror was an immediate and visceral reaction to "my being in" that illustration. I felt as if the artist had painted my portrait.
>
> The illustration captures the terrible, terrible fear that Hansel and Gretel feel at looking at the house in the dark woods, the house in which the witch is waiting for them. They look paralyzed; they cannot move or run. The goodies on the

> outside of the cottage are not a lure—they are a phony deception, and the children know it. There is no escape for these children, just as there was none for me. Terrible things are going to be done to them, they cannot get away, there is no place to go, no one to stop the witch, and no one to bear witness to their suffering. Whatever will happen in that house will remain a secret.
>
> That an artist chose Hansel and Gretel as an illustration for a story about sexual abuse added to my horror because—of all the awful things that that particular fairy tale is about—sexual abuse is not one of them, yet the illustration captures perfectly the abject terror and helplessness that the sexually preyed-upon child feels.

The second illustration, the "afterward" picture, showed Hansel and Gretel walking hand in hand, but without looking at each other. The patient wrote of the children in this picture:

> Each of them seems to be in his/her dissociated world. They are too ashamed to turn to each other for comfort. Each has adopted a false persona behind which to hide so that no one will know what happened to them. The house is no longer lit, the forest is not as dark, their clothes look light-colored in the daytime, but none of that can rid the two children of the shame and humiliation they suffered in the "alluring" cottage.

These illustrations provided us with a prolonged and intermittent discussion of Hansel and Gretel over a number of years in the analysis. Gila would return to them over and over again; to her, they captured the central terror from which she could not escape.

I learned that she had been obsessed with Hansel and Gretel for a period as a child and would demand that her mother read the tale over and over. Strongly identifying with Gretel, Gila was terrified by the scene of Gretel at the oven and could never find a way to resolve it, either as a child or now. She extensively rewrote the story from the point of view of an abused child.

A Re-Telling of the Tale by an Abused Child

In developing my own imaginative understanding of my patient's inner life, I found it helpful to reconsider the fairy tale in the way that

Gila, with her history of abuse, might have internalized it. The following brief synopsis draws on a modern rendition (Tatar 2004).

In the realistic beginning, there were a brother and sister who lived with their father and stepmother. Their stepmother wanted to get rid of her stepchildren because there was a famine in the land and there was not enough to eat. This was actually an excuse; she hated the children and wanted to get rid of them. Their father was portrayed as kindly; he didn't want to abandon the children but was too weak to stand up to his wife. In this sense, the father was just as hateful as the stepmother.

The emphasis throughout the tale was on the cleverness of the children. They overheard the conspiracy of the parents and were terrified. At first, Hansel was the clever one; he pocketed white pebbles and was able to disguise from his parents that he was throwing the pebbles to mark the path as the children were taken out into the woods. They were left with a large fire and a little piece of bread each. Their father, by now an active conspirator, arranged for a branch swinging in the wind to feign axe blows, fooling the children into believing that he was near.

After dark by the light of the moon, the children were easily able to follow the pebbles home. When they returned from the first abandonment, the stepmother continued the deceit by blaming the children: "You wicked children! Why were you sleeping so long in the woods? We thought you were never going to come back" (Tatar 2004, p. 76). But when they were taken out into the woods for a second time, Hansel's cleverness failed him. Instead of pebbles, he dropped bread crumbs to mark the path, but birds ate up the crumbs. The children were utterly lost and abandoned.

There were three abandonments: the death of their mother, and the abandonments by their stepmother and father. It was clear in the tale that the death of the children was expected and intended. Gretel could not trust anyone to be with her or take care of her. How could she trust Hansel; he would likely abandon her at the first opportunity. She would never have been able to let him take the lead in finding the way home.

Even worse than abandonment, she feared deceit. She expected others to pretend to care or be concerned, but all they intended was manipulation and sadistic humiliation. The father pretended to be concerned but did nothing to stop the stepmother. The stepmother pre-

tended to be concerned when the children first returned, but this only doubled her resolve to get rid of them.

Her worst fear was humiliation. She anticipated abandonment and expected to do everything herself, but she could not avoid humiliation. She saw in the brightly lit house a place of torture and humiliation, but one that was inevitable and could not be refused.

Now they were in the magical realm. In the forest, the children were near death; "if help didn't arrive soon, they were sure to perish" (Tatar 2004, p. 78). They were led by a snow-white bird to the witch's house, another deceit. The white of the bird usually symbolizes purity and goodness, but this bird was actually in the service of the witch.

When the children saw the house of cakes and sugar, they were curiously unafraid and unsuspicious, as abused children often are. In their greed, they started to eat up the house. The witch called from inside:

> Nibble, nibble, where's the mouse?
> Who's that nibbling at my house? [p. 80]

The children completely ignored the voice and went on eating. When the witch did appear, they were terrified, yet when the witch seemed to be kind and told them "no harm will come to you in my house," the children completely trusted her: "They were in heaven" (p. 81). Like their stepmother, the witch pretended to be harmless but was actually deceitful, intending to kill and eat the children: "They will make a tasty little morsel" (p. 81).

Hansel was placed in a cage to be fattened up for a meal, while Gretel became the witch's slave and was starved. Now the children had to be clever again. The witch had a keen sense of smell but could not see well. Hansel offered a bone as his finger so the witch believed that he had not gained weight and delayed the feast.

The witch grew impatient and set a boiling pot to cook Hansel while heating the oven to cook Gretel. Gretel did not think that the witch would kill her until the moment at the oven. The witch said to Gretel, "Crawl in . . . and see if it's hot enough to slide the bread in" (2004, p. 83). It was only then that she realized that the witch no longer needed her, and she would be cooked as well. Now it was Gretel's turn to be clever; she "saw what was in her [the witch's] mind and said: 'I don't

know how to crawl in there! How in the world can I manage that?'" (p. 83).

Here Gretel had to use rhetorical skill to fool the witch. She pretended to be stupid and thus played on the witch's vanity. The witch went to show Gretel how to crawl into the oven, and Gretel "gave her a big shove" (p. 83) and shut the oven door on the witch.

The theme that Gila returned to over and over was the scene of Gretel and the witch at the oven. As mentioned, this was the point in the story that terrified her, and she could not resolve it; she could not envision a good outcome. When the witch wanted Gretel/Gila to crawl into the oven, she could not image fooling the witch; she would freeze up. She could never quite believe that the witch hated her so much and wanted to kill her. Or she would feel overwhelmed by guilt at her own wish to save herself. Gila could not image how Gretel could resort to her cleverness; she herself would have just stood there, unable to think, and the witch would have pushed her in. This was a point of terror and disintegration.

Gila said: "I hear the witch telling Gretel to crawl into the oven to see if it is hot enough and, being Gretel, I obey, terrified. From this imagined, traumatic response, I have not been able to escape." When the witch said, "you stupid girl," she heard her mother's voice berating her and deceiving her. She thought: "If the witch wanted me in the oven, I would crawl in." To contemplate any action against the abuser was almost impossible.

My patient imagined an alternative ending to the tale:

> There is no way I could push the witch into the oven. She would just refuse and I would have to get in. I can see myself only as her servant. I could compromise and agree to help her boil Hansel—she might even throw me a bone. She would go on killing children, and I would help her. But even that is terrifying as she could always change her mind and kill me, too.

Of course, the ovens of the Holocaust were not far in the background.

When the deed was done, Hansel and Gretel "hugged and kissed and jumped up and down for joy" (Tatar 2004, p. 84). Magically, jewels

were found, which the children took. Hansel says, "Let's get going right away . . . . We have to get out of the witch's house" (p. 84).

Could they really leave the trauma behind? The gathering of the jewels seemed a magical solution to cover over the trauma and the remorse that could not be left.

Here is where the second illustration to Bazelon's (2006) article came in. Even though the children were hand in hand, each looked blank and was cut off from each other and themselves. They were in shock and dissociated. Gretel/Gila could not tell anyone what had happened, not even Hansel. She felt forever stuck at the oven, not being able to act and not being able to leave, yet she did see herself, as in the second illustration, leaving the house. It was a mystery that she could not explain. She physically left but carried the witch and the oven inside forever; in that sense, she could never leave. Gila said: "History must stop before the confrontation at the oven. That is the only way I can escape."

In the fairy tale, after escaping from the cottage, Hansel and Gretel came to a lake that they could not cross. Here was the boundary between the underlying terror and the possibility of safety. Then there was another white bird, a swan that was to ferry them across the lake—first Hansel and then Gretel. If the first white bird was deceitful, how could Gretel trust this one? She could not imagine letting Hansel go first. Of course, he meant to abandon her at his first opportunity.

The forest became more and more familiar as they neared their father's house. Their stepmother was dead and their father was overjoyed to see them. With the jewels, they all lived "in perfect happiness" (Tatar 2004, p. 85). This ending, of course, was completely unreal. The moral of the story is much more real: "See the mouse run. Whoever catches it gets to make a great big fur hat out of it" (p. 85). The moral captured Gila's fear of being killed and skinned; she, of course, was the mouse.

Clinical Work Post-"Hansel and Gretel"

How did the story of Hansel and Gretel change the analytic work with this patient? I will give several examples.

Here is a dream that occurred early in the analysis and was remembered when discussing this tale, allowing a comparison. Gila dreamed that she was riding on top of a train car and her mother was inside. A

hand reached out of the train window, holding a chicken bone. At the time of the dream, this illustrated the patient's plight. Being left outside in the cold was what she deserved and expected. In fact, in childhood, she would often come home from school and have to wait until her mother showed up. It seemed normal to her; this was just the way it was. Her mother was inside and she was outside. Her mother was warm and comfortable, while she was cold and in danger. All that she was offered for food were bones—subsistence but no real substance.

Now, in the light of "Hansel and Gretel," the bone was both starvation and the deceit that Hansel used to fool the witch. Gila felt enormously deceived by her mother, mostly in the multiple ways in which her mother pretended love but was actually self-absorbed at best and cruelly hateful at worst. Emotional truth was very confusing. She could not really feel her anger. Her mother would insist on truth, but my patient would sense hatred and teasing. She also felt deeply sorry for her mother's pain; it was not really her mother's fault—her mother was only the victim of her father's rage.

This led to a persistent split, with a part of the patient believing her mother's depiction of her as the bad child, and part of her knowing that her mother hated her. Gila could keep her own hate repressed through the fantasy of her mother as victim. Now, in the analysis, she could begin to express her hunger and her wish to be inside the train, but she was inhibited by guilt. Being aware of her guilt was new.

Another, more recent fantasy was of Gila and I attending a luxurious buffet together. She knew she could take whatever she wanted to eat, but she hesitated; to want anything was to be greedy. She imagined that her greed would deplete me or anger me. I probably did not want her there and would be disgusted at anything she might want to eat.

A dream that appeared during our discussion of "Hansel and Gretel" was quite different from Gila's usual punishment and traumatic dreams that had plagued her for years. In this dream, she and I met on the street. I was going to a talk and invited her to come with me. At first, she was delighted and accepted. This was completely new, as she never expected any recognition or interest from me. But when we got to the talk, she changed into a dog and lay quietly under a table while I participated in the event.

What Gila was able to do over time with repeated visits to this dream was to convert it into a transference fantasy, much more elaborated and detailed. At first, she had thought in the dream that I must like being with her. However, as we walked toward the talk, she became convinced that I did not really want her there, that I was sorry I had invited her, and that I would be ashamed of her in front of my colleagues. This brought up another fantasy in which I had a weekend barbecue with my male colleagues, where we drank beer and made fun of our patients, especially her.

One of the patient's motives in becoming a dog in her dream was to save me the embarrassment of revealing how much I actually hated her. Of course, she saved herself from humiliation as well. She imagined herself as a beautiful golden retriever, quite in contrast to her view of herself as ugly, sexless, and physically deformed. I would admire and pet her as a dog. Moreover, she was a "very good" dog, willing to sit quietly and not disturb me, and would anticipate any wish I might have. Gila believed she had to be very careful to pay attention to my moods so that I would not erupt in anger. The table under which she lay in the dream was made of glass, and I could write her a love note and pass it to her. In a later version, I wrote her a note that I loved her, and she understood that I knew how terrified she was. There was hope of her becoming a person again.

My most common countertransference wish was to be able to tell Gila that she did not need to be a dog in order to get my love and admiration. I had tried variations of this in the past, and it did absolutely no good. She might believe me in the instant, but my words quickly felt like a manipulation or a false declaration, much as was illustrated in the dream.

Here is an example of an interchange that was typical in the late phase of the treatment. Gila started to voice erotic fantasies about me. She imagined going to an art museum with me, and we could each explain what interested us about a particular painting. This would be fun. Then we might go out to dinner somewhere. "No palm tree this time," she said (a reference to her need to hide behind a palm tree in an earlier dream). In the analysis, it had been years since she had ventured into her erotic needs; it had been a closed subject.

In the next session, Gila remembered an incident when a man, a friend of her family's housekeeper, tried to rape her. I knew this story, but new details emerged. She had told her father about it, and he had called the police. Having suffered anti-Semitism in Europe as a child, her father was visibly anxious at any encounter with the police. She ended up feeling unprotected and guilty over making him anxious. Never again would she ask him for help.

After describing this to me, Gila was quiet for a period, and I said, "You seem to have retreated to your castle with high walls." Then, in the next hour, after a weekend break, she was visibly angry and upset. With some help from me, she was able to say that she had been trying to tell me how much she had been hurt, but all I could see was her anger. "There is no possibility of being understood," she said icily. Then she added, "Maybe it's hopeless; I am just broken"—now with a touch of sadness.

I said, "Your hurt so quickly switches to anger that I missed hearing your hurt and heard only the anger." She then went back to the memory and the part that was most hurtful. She had felt she had to choose between two forms of humiliation: if she persisted in her claim of rape, she would be examined by the perverse pediatrician; if she pretended to be a little girl who just makes things up, then she could avoid the exam but be humiliated for her childishness. She chose the latter.

I then said, "You are afraid of needing me, so your needs quickly turn to anger." Gila nodded. I continued, "You then put your anger on me and feel attacked, but it's better that I think of you as a foolish little girl rather than humiliate you."

She nodded again and the tension dissipated. We went back to the fantasy. "I cannot stop thinking that it's a ruse," she said. "Instead of going out to dinner, I feel I am being served for dinner." We were now back at the witch's oven. Then she had a very new insight: "I realize I brought this on myself. I felt safer being a boy. It was a disguise so that men would leave me alone. Yet I secretly wanted to be a girl—I was caught between fear and disappointment."

In the next hour, we explored more directly the split in Gila's maternal object: the mother whom she pitied and cared for, and the one who was hateful and deceitful. She said, "This is what my mother would

say to me at the oven: 'I hate you, you are not what I ordered. I'm getting rid of you.'" She had never before admitted so directly her mother's hatred of her.

The subject of goals came up, and the patient said she had a goal: "I would like to be able to come to a session and not be afraid of you, not think you were planning to hurt me."

Gila's fixation on Gretel at the oven with the witch pointed to her panic and inability to think when faced with the realization that the witch/mother intended to kill her. I now realized that her fear of being humiliated by me covered over a fear of disintegration. This came out most clearly when we analyzed her compulsive need to exercise. She revealed that she could not relax and do nothing, but always had to be "productive" and pushed to exhaustion. Any good moments in our sessions would inevitably be followed by hours of punishing exercise at home. Now I learned that she had a grueling routine of daily walking with weights for many miles as well. She could only relax and enjoy something if she was simultaneously exercising or planning to exercise.

There was a basic fantasy of being a freak whom everyone hated; yet Gila also had a fantasy of being very powerful if she could reach her exercise goals. Meeting these goals seemed to bind some sort of psychic disintegration. She was aware of avoiding feelings of loneliness, of wanting; she felt she did not deserve to be alive. Her sister had wept inconsolably when their parents went away during their childhood, but the patient would never let herself feel it to that degree.

Now Gila revealed something new: she felt she was rotting and stinking, but this must never be confronted. Something was missing in her life—something that had been destroyed and for which she was trying to find a replacement. What had been destroyed was her being a girl and being loved. It was a kind of black hole. Whenever she started to think of being loved, she instantly felt a mixture of terror and rage. In her rage, she wanted to destroy it. Now we were in the "tantrum" state of objectless rage. She felt that she should have no pleasure and should die; no objects and no connections were possible.

I asked the patient what her fundamental experience of terror was. She replied that she was a nobody, just crushed. She exercised to the point of exhaustion in order to feel that she had substance. There was a

fundamental shame in existing, in having needs, in wanting to be heard. Anything good was discounted and not to be believed because there was nothing to attach to. Gila spoke of violence, and I said that I thought she was afraid of her mind falling apart. She agreed, saying: "It doesn't fit together, it can be crushed, I can't believe my own mind, it is not to be trusted, it is too fragile."

She was aware of a fantasy that she exuded an odor that made her completely undesirable. She had a basic fear of physical disintegration. She cited the behavior of her childhood pediatrician, the isolation in her room, being left outside, and putting her finger in an electrical socket as contributions to and evidence of her fear of disintegration. She was now constantly involved in compulsive physical activity in order to ensure physical integrity; she was aware of overwhelming anxiety if she did not complete these physical tasks.

Years later, Gila again happened upon the Hansel and Gretel illustrations in Bazelon's (2006) article. Here is her report of that experience:

> After not having looked at the Hansel and Gretel illustrations for some time, I saw them again. This time, I could interpret Gretel's expression as slightly less dissociated. However, in the emotional reality of the tale, Gretel has killed the witch who had intended to kill her. She conquers the terrors to which she was subjected and goes home, in true fairy tale fashion, to a loving father. In real life, in my life, I escape but do not kill the witch. This means that the witch is still in pursuit, so to some degree, the horrors remain. It is hard work and still frightening to find another path out of the forest, but it is possible to experience a richer existence in the process.

DISCUSSION

The Myth as an Object of Dream Analysis

Myths, folk tales, and certain works of fiction can play a dual role in the clinical work of psychoanalysis. The first function is modeled on dream analysis (Freud 1900). We know that the symbolic formations of dreams have a latent meaning that can be decoded through free association.

Freud and other pioneers of psychoanalysis postulated that fairy tales function similarly to dreams. Freud (1913a) cited two dreams in which fairy tale characters were associations to dream material. He then made the case that one can interpret fairy tale symbols by the same method that symbols in dreams are interpreted (Freud 1913b). Fairy tales present the story itself, the manifest content and the interpretation of symbols, as latent content. Thus, a fairy tale can be used as a guide and a means of discovery of unconscious fantasy in a clinical analysis, in a way that is straightforward and relatively uncomplicated. The fairy tale reveals unconscious meaning.

In the case I have described, that of my patient Gila, what was the state of the analysis before the introduction of "Hansel and Gretel"? The patient was mostly functioning in a state of psychic numbness. It was difficult to broach the subject, but basically, she thought of herself as ugly, deformed, and unfeminine. She did not feel castrated in the sense of there being something missing, but she did have the conviction of her genitals being deformed. She was unquestionably a girl, but thought of herself as a bizarre freak when it came to gender and sexuality.

Any feelings she had must be kept secret, Gila felt, or she would be horribly humiliated; indeed, she had a large and fluctuating list of things that she should not talk about with me. Her sense of bodily deformity was high on the list. Sometimes she thought that I might be perversely attracted to her deformity. At other times, I would simply be repelled. In addition, she believed that I would be enraged if she talked about her Jewish identity, since I likely hated Jews.

When Gila felt hurt or frustrated, rage could emerge but would attach mostly to the self, taking the form of self-hatred for her having any needs or desires. Her object world was dominated by hateful and mocking men. She feared a conspiracy on my part to trap and humiliate her. With women, she was less afraid of being mocked, although this concern could emerge with them as well.

Interpersonally with me, there was strong pressure to participate in abandoning her; she would then feel enraged and push me away. She imagined that I would vomit if I had to touch her, as mentioned earlier. She imagined I needed a drink to get through a session with her. We identified what we came to call the "rickshaw effect": Gila would start to

imagine riding in a rickshaw with me, a romantic feeling, but then she would feel the urge to smash the rickshaw to bits. In this way, she would smash any good feelings about me and any libidinal wishes.

Gila was completely unable to enter into triadic relationships. For example, I surmised that she felt jealous of certain of my female patients whom she encountered, but when I tried to discuss this, she would quickly change the subject. These fantasy states were not global; at times, there was much warmth and enjoyment in the sessions. Outside, she retired from her job at the university when she was passed over for an appointment. She developed rich and complex relationships with her daughters and their families. Now divorced, she tried dating briefly, but tended to attach to men who were very bright but emotionally cold.

How did our work change after the discussions of "Hansel and Gretel"? Several themes emerged with greater clarity. We could see the extent of the split maternal object; Gila was more aware of feeling hated by and hating her mother. On the one hand, she could think of her mother as a monster who did not love her, would abandon her, would try to trick her, and hated what she was like. Above all, she knew her mother was deceitful. In the dream of the chicken bone described earlier, the deceit became more evident: "I am giving you bones, but you must think of them as a wonderful meal."

On the other hand, Gila could see how fragile her mother was, and she feared that her mother could disintegrate and disappear. She must take care of her mother. Nothing could be her mother's fault; it was her father's fault for treating her mother badly. Most of the patient's rage was displaced onto her father, while her mother was spared. We can see this in the tale of Hansel and Gretel in the confrontation at the oven. It is clear that the witch intends to kill Gretel, yet she cannot believe it; the same split is evident. The witch plans to deceive her, and Gila cannot imagine reciprocally deceiving the witch, as Gretel is able to do. Gila puzzles over Gretel, who is able to think and act in her own self-defense. She can never imagine herself in Gretel's shoes; this leaves her paralyzed and unable to think.

Another function that emerged more clearly in relation to the fairy tale was the patient's punishing guilt. All her needs were felt to be greedy and therefore unacceptable. To want my love and attention was greedy,

for example; even the wish to live was unacceptable. If her mother was to live, she must die. She could live each day only after enduring intense and painful physical exercise.

Gila became able to speak for the first time of her own fear of disintegration, which had been carefully hidden. She lived in terror of falling into bits and pieces. She thought of her daily exercises as a kind of glue that allowed her to hold herself together. She could remember times in her childhood when she had felt fragmented. Behind her fears of humiliation were fears of my rage toward her and of being torn to bits.

Several analysts have described this split between the bad witch and the good mother. Dahl (1983) wrote of a witch-mother fantasy in adolescent girls who struggle with a split between the wish to separate from the mother and a libidinal attachment to her. The girl's envy and sense of inadequacy is projected onto the mother, creating the fantasy of a witch-mother who imprisons but also fascinates the girl. In the case of Gila, we can see elements of this fantasy in her taking care of her "fragile" mother, and her feeling that she could never truly leave her or develop real independence.

Bloch (1978) and Klein (1933) emphasized rage and a punishing superego. Bloch described an early, terrifying fantasy of being killed by one's parent. Because of the child's sense of omnipotence, the child feels responsible for causing any unhappiness in his parents and expects punishment. His rage is too much. When the child is traumatized, the rage cannot be managed and takes the form of violent fantasies. If there is violence in the family, even if it is not directed toward the child, the child easily assumes she will be the next target. It is even worse if the parent harbors hateful feelings toward the child, consciously or unconsciously, as was the case with my patient Gila. Clinically, such fears present consciously as a split: the fear of being killed, on the one hand, and idealization of the parent, on the other. Thus, the fear of being killed by the idealized parent has to be projected elsewhere (Bloch 1978).

The Myth as Psychic Organizer

The second function for myths and folktales is as an organizer of the mind. Many early folklorists believed that collections of folktales and national epics reflected the primordial nature of a nationality. In

the early nineteenth century, the Grimm brothers shared this theory, aiming to find the natural essence of an authentic German people in their collected tales. They developed the theory that *Kunstpoesie* (cultivated poetry) had evolved out of *Naturpoesie* (national poetry, such as tales and legends). *Naturpoesie* had receded during the Renaissance and could be found only in the oral folk tradition. The Grimms hoped to recover this old *poesie* in their collected folktales, which included "Hansel and Gretel." They searched for an ideal *Urvolk* (primeval people) and *Ursprache* (primeval language), a deep cultural structure (Zipes 2002). We know that Freud also believed in phylogenetic fantasies as deep biological structures (Freud 1939).

I will make a more modest claim. "Hansel and Gretel" is deeply embedded in our culture (at least in the middle and upper classes). There are countless contemporary translations, retellings, and derivatives of the fairy tale (e.g., Tatar 2004), along with cartoons, movies, poems, and operas. Most adults (including my patient Gila) have had the story read to them in childhood, and it permeates the culture.

How much does the culture as transmitted through the fairy tale shape the expression of deeply held fears, anxieties, and terrors? How much does the template of the fairy tale, unconsciously heard by the child, determine the form and type of symbolization that subsequently unfolds?

Cultural expectations and organization of experience are encoded in our collective myths and fairy tales. These are transmitted in the retelling of these tales to children. A fairy tale provided a way for the patient described in this paper to understand her confusing and terrifying experiences.

Kris (1956) describes certain patients with a firmly knit biographical view of themselves, a view to which the patients themselves are quite attached. This personal myth exposes certain aspects of the patient's development, while also serving as a protective screen against other key elements. The personal myth is characterized by an internal sense of coherence and continuity (Spence 1982); it can be seen as the secret core of the personality.

We can use the idea of a personal myth in either a restricted sense, or in a general way that applies to all patients. Kris suggested that this

type of fantasy is found in certain obsessional patients, and he focused on *family romance* fantasies. Green (1991) understood the personal myth as portraying a hero in the act of liberation from the bond to the mother; it is a liberation from dependency. The myth gives freedom from the mother while at the same time allowing a continued access to dependency. For Green, this type of myth-making is part of normal child development from dependency to independence. The myth is a heroic tale and serves as a solution to basic psychological dilemmas.

Gullestad (1995) noted the similarity of the personal myth to fairy tales in its structure, and Bettelheim (1976) emphasized the fairy tale as the heroic story of a protagonist who is able to solve basic developmental problems. Loewald, as quoted by Schafer (1970), put forward a more general understanding:

> In a sense, every patient and each of us creates a personal myth about our life and past, a myth which sustains us and may destroy us. The myth may change and, in analysis, where it becomes conscious, it often does change. The created life history is neither an illusion nor an invention, but gives form and meaning to our lives, and has to do with the identity Erikson speaks of. [Loewald quoted by Schafer, p. 293n]

I am building upon Loewald's idea by adding the influence of a national myth on the development of personal myths. The fairy tale can serve as a ready-made template that is incorporated into fantasies of a personal myth.

Grotstein (1979) captured this idea:

> The fairy tale aspect of narrative arrests chaos and allows the audience to gain sanctuary in the two-dimensional world of make-believe—but the sanctuary is postponement! The mythic aspects of a narrative grab hold of the catastrophic elements of the mortal condition, organize the chaos, and dilute the intensity via extension into the remote past and the remote future—again postponement—for ultimate confrontation and thinking. [p. 129]

How might "Hansel and Gretel" have served as a template to shape my patient Gila's self- and object world? Here we can only speculate. We

know that she was exposed to the fairy tale as a child, and it terrified her. Then as now, she fixated on the witch at the oven. Can we see an interaction between her constitutional abilities, her personal trauma, and the fairy tale as cultural template? The tale gives a culturally determined shape to the organization of trauma.

Following Green's (1991) formulation, the personal myth in this case was the patient's split view of her mother. Her conscious view of the mother indicated an emphasis on fragility and vulnerability. She carefully nurtured the idea that her mother was a victim of her father—his unpredictable rages and his need for absolute control. The myth went something like this: "If my father treated my mother better, then she would not be so depressed and would not need pills and alcohol. She could then love me." Gila felt free to hate and fear her father; it was really all her father's fault.

Like all myths, there was truth in this, certainly. Yet it allowed the patient to preserve a dependent tie to her mother, to avoid hating her, and to eschew any guilt she might feel in the unconscious fear that she had caused her mother's depression. She could absolve her mother of any active agency in hurting her. The confrontation at the oven in "Hansel and Gretel," in her retelling, provided the template for this personal myth. Gila could not think of the witch as evil and could not quite accept that the witch meant to kill and eat Gretel/Gila. She could not bring herself to take any action against the witch; her instinct was to stay close and be helpful. The compromise was to be half-dead and to be the witch's slave.

In the fairy tale, the idealized mother has already died and never appears in the story. The witch represents both the frightening and deceitful (step)mother who plans to kill Gretel, and also the damaged, frightened mother who needs her help. This is why the little girl cannot act decisively to protect herself. The fairy tale emphasizes the need for the child to act on her own and not to depend on parental figures. This was deeply embedded in my patient's psyche.

Gila perpetually lived in the shadow of the witch's cottage. This paranoia was relatively impervious to experience. Good interactions, either in the transference or outside the analysis, did not last or were smashed to bits.

The fairy tale has a strongly oral cast. The family is starving, the birds eat up the crumbs, and the children are near starvation. The witch's house is made of food, but the food is a ruse. Oral sadism takes the form of cannibalism. The witch-mother intends to eat the children. The children turn this action against the witch, and the witch is the one who is cooked. Many oral symbols were present in Gila's analysis as well: the dream of the chicken bone, the dream of the buffet, and extended fantasies of eating in a restaurant. In the transference, the patient returned again and again to her fear of being my prey—that is, that I would kill and eat her.

It would be reasonable to assume that "Hansel and Gretel" was traumatizing when Gila first heard it as a child. For children who have a neurotic organization, the tale is reassuring; there is a developmental crisis, and the children are able to survive and grow (Bettelheim 1976). But for my patient Gila, this tale served to reinforce her trauma. She could not imagine that Gretel could triumph, and could envision only a humiliating defeat. In her reading of the story, the paranoia was constant and the witch's power could not be challenged.

SUMMARY AND CONCLUSION

In the first generation of psychoanalysts, there was a great deal of interest in the use of fairy tales in psychoanalytic understanding. Since that time, there have been few reports of the clinical use of such tales. I have offered an extended case report of the use of "Hansel and Gretel" in the treatment of a woman who was severely traumatized as a child.

I have examined the use of fairy tales from two directions. In the first direction, the fairy tale is treated as though it were a dream, drawing on the manifest content of the story itself and the latent content, as well as on the patient's associations to the fairy tale. Themes of deceit, maternal splitting, primitive guilt, and disintegrating terror were highlighted by the use of "Hansel and Gretel."

In the second direction, the fairy tale can serve as an organizer of childhood trauma by providing a symbolic template. In my patient Gila's case, a personal myth was distilled out of the national myth of a fragile

and victimized mother who could be loved and saved. The patient lived perpetually in the shadow of the witch's cottage, in a paranoid world, in order to preserve a connection to the fragile mother. The fairy tale's strongly oral sadistic cast was preserved in numerous dreams and fantasies. It reinforced Gila's tendency to be self-sufficient in order to defend against dependency needs.

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